

1714

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09/576706</u>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51					
2								52					
3								53					
4								54					
5								55					
6								56					
7								57					
8								58					
9								59					
10								60					
11								61					
12								62					
13								63					
14								64					
15								65					
16								66					
17								67					
18								68					
19								69					
20								70					
21	1							71					
22		1						72					
23			1					73					
24				1				74					
25					1			75					
26						1		76					
27							1	77					
28	1							78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	2							TOTAL IND.					
TOTAL DEP.	18							TOTAL DEP.					
TOTAL CLAIMS	20							TOTAL CLAIMS					